

# 2002 UNIFORM BUSINESS REPORT (UBR)

0079765 AV

DOCUMENT # P97000090818

1. Entity Name

ORLANDO CARRIAGE COMPANY II, INC.

FILED

02 JUN 17 AM 9:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

816 PARK LAKE CIRCLE  
MAITLAND FL 32751

Mailing Address

816 PARK LAKE CIRCLE  
MAITLAND FL 32751

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3478255

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEWMAN, JENINE  
816 PARK LAKE CIRCLE  
MAITLAND FL 32751

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)



**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
NEWMAN, KENNETH M  
816 PARK LAKE CIRCLE  
MAITLAND FL 32751



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
300005972  
-06/25/02--01051--003  
\*\*\*\*158.75 \*\*\*\*\*70.00



TITLE  
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CITY-ST-ZIP



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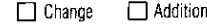
TITLE  
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TITLE  
NAME  
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CITY-ST-ZIP



13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/5/02

Date

407-855-2900

Daytime Phone #

CR2E034 (9/01)



**ORLANDO CARRIAGE COMPANY II**

816 PARK LAKE CIRCLE • MAITLAND, FL 32751  
PHONE (407) 855-2900 • FAX (407) 647-7097

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Attachment  
Document #  
P97000090818

6/5/2002

Florida Department of State  
Division of Corporations

PO Box 1500

Tallahassee, Florida 32302-1500

Subject: Late Filing Document # P97000090818

Re: Reason

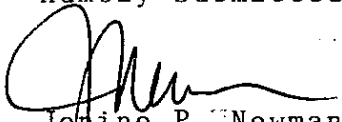
Dear Secretary of State and Staff:

We were advised by your Staff Member to submit this letter of explanation for late filing after May 1, 2002.

Due to the onslaught of poor business economy in recent months, and with the terrible tragedy of 9/11/2001, it has been a struggle to stay in business. The Bank and S.B.A. was going to close us by liquidation of assets. With their cooperation we are trying to continue on with the hope our tourism picks up.

Please accept Check Number 1418 in the amount of \$158.75 so we can be properly filed.

Thanking You.....  
Humbly Submitted,

  
Jenine P. Newman  
President